SOUTH DAKOTA COUNSELING

INITIAL TREATMENT PLAN

Inmate/Client Name: Client, Suzy

Client Number: 08F-001

Counselor: Kay Jones, CCDC III **Start Date:** December 10, 2008

LEVEL OF CARE:

Level II.1 Intensive Outpatient Treatment

ADMIT DIAGNOSIS

303.90 Alcohol Dependence, With Physiological Dependence, In a Controlled Environment 304.30 Cannabis Dependence, With Physiological Dependence, In a Controlled Environment 304.40 Amphetamine Dependence, With Physiological Dependence, In a Controlled Environment

CLIENT STRENGTHS

Suzy stated that she is strong, open-minded, organized, considerate, and persistent.

INDICATORS OF PROGRESS:

| | 1. Review of Substance Abuse Education |
|--|--|
| | 2. Identification of Thinking Barriers and Tactics |
| | 3. Review of Chemical Use/ Relapse History |
| | 4. Review of the 12 Steps of AA/ NA |
| | 5. Identification of Relapse Warning Signs |
| | 6. Completion of an Individualized Recovery Plan |
| | 7. Completion of the Relapse Prevention Workbook |

CLINICAL PROBLEMS TO BE ADDRESSED

ASAM Dimension I: Acute Alcohol and/or Other Drug Intoxication and/or Potential Withdrawal

Staff Responsible: Kay Jones, CCDC III

Problem Statement: No problems identified at this time.

Long Term Goal: NA

Problems to be Addressed: NA

ASAM Dimension II: Biomedical Conditions and Complications

Staff Responsible: Kay Jones, CCDC III

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Problem Statement: No problems identified at this time.

Long Term Goal: NA

Problems to be Addressed: NA

ASAM Dimension III: Emotional/Behavioral /Cognitive Conditions and Complications

Staff Responsible: Kay Jones, CCDC III

Problem Statement: No problems identified at this time.

Long Term Goal: NA

Problems to be Addressed: NA

ASAM Dimension IV: Readiness for Change

Staff Responsible: Kay Jones, CCDC III

Problem Statement: Client states, "I have not had any significant history of abstinence".

Long Term Goal: To abstain from all mood-altering substances.

Problems to be Addressed: Client will address negative emotions and money management leading

to alcohol and drug use.

| Treatment Objective/Short | Method/Intervention | Date Due | Date |
|---|--|------------|----------|
| Term Goal | | | Complete |
| #1: I will learn to cope with uncomfortable emotions in a healthy manner and without the use of substances. | I will complete "Negative Emotions" from the Living in Balance Series. | 12-20-2008 | |

| #2: I will learn to manage my | I will complete "Money | 1-9-2009 | |
|--------------------------------|---------------------------|----------|--|
| money in order to reduce my | Management" from the | | |
| dependence upon my parents and | Living in Balance Series. | | |
| increase my own independence. | | | |

ASAM Dimension V: Relapse/Continued Use or Continued Problem Potential

Staff Responsible: Kay Jones, CCDC III

Problem Statement: I have a long history of relapsing.

Long Term Goal: To develop a relapse prevention plan to be used when needed.

Problems to be Addressed: Relapse Prevention

| Treatment Objective/Short | Method/Intervention | Date Due | Date |
|--------------------------------------|------------------------------|----------|----------|
| Term Goal | | | Complete |
| #1: I will identify relapse triggers | I will complete the "Relapse | 1-9-2009 | |
| and develop a relapse prevention | Symptom Line", "Relapse | | |
| plan. | Triggers", and "Aftercare | | |
| | Plan Components". | | |

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ASAM Dimension VI: Living Environment

Staff Responsible: Kay Jones, CCDC III

Problem Statement: I do not have a suitable residence.

Long Term Goal: For Suzy to maintain her own drug free house.

Problems to be Addressed: Lack of housing, and the financial means to afford housing.

| reatment Objective/Short | Method/Intervention | Date Due | Date |
|-------------------------------|------------------------------|----------|----------|
| Term Goal | | | Complete |
| I will identify my negative | I will complete the "How | 1-9-2009 | |
| sing situation, leading to my | Safe is my House" | | |
| ose and explore alternative | workbook, apply to live in a | | |
| sing options. | halfway house, and work | | |
| | with my Parole Agent to find | | |
| | suitable housing. | | |
| | • | | |

| CLIENT SIGNATURE | DATE SIGNED |
|---------------------|-------------------|
| | |
| Kay Jones, CCDC III | December 12, 2008 |

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